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ATTORN	Y DOCKET NO.: P-10061.00
	Mail Label No.: EV 019 707 277 US

CERTIFICATE UNDER 37 CFR §1 10: I hereby certify that this Utility Patent Application Transmittal and the

Total Pages

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE UTILITY PATENT APPLICATION TRANSMITTAL

FIRST NAMED INVENTOR OR APPLICATION IDENTIFIER: Lu et al.
TITLE: METHODS AND APPARATUS FOR FILTERING EGM SIGNALS DETECTED BY AN IMPLANTABLE MEDICAL DEVICE



Sue McCoy Printed Name

Commiss BOX PA Washingt	sioner for TENT AP	PLICATION					
	Sir:	W					
x	We are transmitting herewith the attached: Patent Application Transmittal						
X	Specification:						
x	Drawin	Total pages: <u>30</u> (including claims and abstract: Spec. <u>23</u> sheets; Claims <u>6</u> sheets; Abstract <u>1</u> gs:					
		Total sheets: _3_ ⊠ formal					
		ned Declaration and Power of Attorney:					
ļ. F		copy from prior application					
		Deletion of Inventor(s) - Signed statement attached deleting inventor(s) named in the prior application (37 CFR 1.63(d)(2) and 1.33(b)					
The State of		Incorporation by Reference - The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied above is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.					
ing Hall of the little of the		panying application parts: Notification of filing a Assignment of the Invention to Medtronic, Inc. Assignment cover sheet Information Disclosure Statement PTO Form 1449 Copies of IDS citations Preliminary Amendment A copy of the Petition or Conditional Petition for Extension of Time in the prior application.					
TÜ.	Х	Return Postcard					
IF A CO	NTINUIN	G APPLICATION:					
		Continuation Divisional Continuation-in-part (CIP) of prior application No/					
		Amend the specification by inserting before the first line the sentence: This application is a ☐ continuation ☐ division ☐ continuation in part of application number, filed					
•		Cancel in this application original claimsof the prior application before calculating the filing fee. (At least the original independent claim must be retained for filing purposes.)					
		The prior application is assigned of record to Medtronic, Inc.					
- 1		The Power of Attorney in the prior application is to:					

X
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Fi i

	This application claims the benefit of U.S. Provisional Application(s) Serial No.(s), filed						
Х	Address all future correspondence to:	Girma Wolde-Michael, Reg. No. 36,724 Medtronic, Inc., MS 301 710 Medtronic Parkway Mailstop LC340 Minneapolis, Minnesota 55432 Telephone: (763) 514-6402 Facsimile: (763) 505-2530					

FEE CALCULATION	No. of Claims Claims Included in Base Fee		ided in	No. of Extra Claims	Rate	Fee
Total Claims	28	20	=	8	x 18	144
Independent Claims	4	3	=	1	x 84	84
Multiple Dependent Claims	0			0	+ 280	0
Basic Filing Fee						\$740.00
					TOTAL	968.00

Charge Deposit Account No. 13-2546 the amount of \$968.00 and the assignment for of \$40.00 for a **TOTAL OF** \$1008.00.

The Commissioner is hereby authorized to charge any fees which may be required under 37 CFR 1.16 and 1.17, or credit any overpayment to Deposit Account No. 13-2546. A duplicate of this transmittal is enclosed.

MEDTRONIC, INC.

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